

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/578458

FILING DATE

5/22/00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		2		
4		①		①		
5		2		2		
6		2		2		
7		1		1		
8		①		①		
9		①		①		
10		①		①		
11	1					
12		1				
13		1				
14		1		1		
15		1		①		
16		①		①		
17		1				
18		1				
19		1				
20		①		①		
21		1				
22		1				
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TOTAL IND.	5		3			
TOTAL DEP.	30		16			
TOTAL CLAIMS	35		19			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						